## OKLAHOMA DEPARTMENT OF CORRECTIONS NURSING PRACTICE PROTOCOLS

## MSRM 140117.01.10.2 (R-4/19)

## **HEAD TRAUMA**

Chief complain	nt:				
Date of iniurv:	Time	e of injury:	Activity at time of injury:		<del></del>
Associated s					
	d weakness		e of speech    Loss of ba Visual disturbances    Co		gitated/ irritable less of consciousness
	ta: (clinically indicat		Visual disturbances • • Oo	riidsion 🚨 Ed	33 OF CONSCIOUSITIESS
-	•		Temp Wt	O₂ sats	FSBS:
Inmate on an	ticoagulants (w	arfarin, aspirin, he	eparin etc.) 🗖 Yes 📮 No		
Character of	wound if prese	nt:			
☐ Clean ☐	Dirty 🗖 Dry	☐ Weeping ☐ C	rusted   Redness/ Swelling	☐ Imbedded or fore	eign material present
•	Lung Sounds	Skin	LOC	Neurologic	Drainage
□ Even	Clear	☐ Warm	Awake Alert	Gait steady	No drainage
☐ Uneven☐ Labored	☐ Rhonchi☐ Wheezes	Pink Cool	☐ Oriented X	☐ Gait unsteady☐ Grips equal	<ul><li>Drainage from nose</li><li>Drainage from ear</li></ul>
☐ Unlabored	☐ Diminished	☐ Pale	☐ Confused	Grips unequal	☐ Drainage bloody
Shallow	☐ Rales	Cyanotic	☐ Lethargic	Speech normal	
☐ Deep		☐ Mottled	Comatose	☐ Speech slurred	
☐ Rapid		Diaphoretic	Follows commands	Pupils equal	
		Raccoon eyes	☐ Unable to follow commands	☐ Pupils unequal	
CONTACT HEA	ALTH CARE PRO	VIDER IMMEDIATEL	Y IN ALL CASES OF HEAD TRA	UMA: Health care pro	vider must be called if not
on site or if afte					
	_		Transport time:	Transported by	/:
Health Care F	Provider:		_Time Notified:Ord	ers Received for T	reatment: 🛚 Yes 🗀 No
	Provider:		_Time Notified: Ord	ers Received for T	reatment:
Plan: Interve ☐ Check in as	ntions: (check a	ll that apply) for health care prov	iders visit.	ers Received for T	reatment:
Plan: Interve  Check in as Call 911 fo	entions: (check a ssessment only t r altered state of	ll that apply) for health care provi f consciousness, ab	iders visit. normal VS or bleeding.		
Plan: Interve  Check in as Call 911 fo Maintain he	entions: (check a ssessment only f r altered state of ead in a neutral	ll that apply) for health care provi f consciousness, ab position (do not adju	iders visit. normal VS or bleeding. ust by flexion, hyperextension,		
Plan: Interve  Check in as Call 911 fo Maintain he Immobilize	entions: (check a ssessment only f r altered state of ead in a neutral p neck with cervice	Il that apply) for health care proving the consciousness, ab position (do not adjuctation)	iders visit. normal VS or bleeding. ust by flexion, hyperextension, lth care provider.	or elevation onto su	pport).
Plan: Interve  Check in as Call 911 fo Maintain he Immobilize Maintain fla	entions: (check a ssessment only the raltered state of ead in a neutral neck with cervicat, without pillow	Il that apply) for health care proving the consciousness, ab position (do not adjuctation)	iders visit. normal VS or bleeding. ust by flexion, hyperextension, lth care provider. Id hips kept in alignment at all t	or elevation onto su	pport).
Plan: Interve  Check in as Call 911 fo Maintain he Immobilize Maintain fla Administer Pressure /	entions: (check a ssessment only to r altered state of ead in a neutral p neck with cervical, without pillow O <sub>2</sub> (this will requirants	Il that apply) for health care proving consciousness, ab position (do not adjubal collar, notify hear, shoulders back an	iders visit. normal VS or bleeding. ust by flexion, hyperextension, lth care provider. Id hips kept in alignment at all t	or elevation onto su	pport).
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